

**Minutes of the  
Tobacco Education and Research Oversight Committee (TEROC)**

Meeting on December 11, 2012

Westin LAX  
5400 West Century Blvd  
Los Angeles, CA 90045

Alternate Location:  
597 Center Ave, Suite 200  
Martinez, CA 94553

**MEMBERS PRESENT:**

Ms. Denise Adams-Simms, Dr. Wendel Brunner (via teleconference), Ms. Pat S. Etem, Dr. Lawrence Green, Dr. Alan Henderson, Dr. Pamela Ling, Dr. Michael Ong (Chair), Mr. Myron Dean Quon, Dr. Dorothy Rice, Dr. Shu-Hong Zhu

**MEMBERS ABSENT:**

Dr. Lourdes Baezconde-Garbanati, Ms. Peggy Uyeda

**OTHERS IN ATTENDANCE:**

Majel Arnold, California Tobacco Control Program (CTCP)  
Julissa Gomez, The Center for Tobacco Policy & Organizing  
Dr. Phillip Gardiner, TRDRP  
Tom Herman, California Department of Education (CDE)  
Jacqueline Hernandez, American Heart Association (AHA)  
John Lagomarsino, CDE/Coordinated School Health and Safety Office (CSHSO)  
Spencer Lyons, American Cancer Society (ACS)  
April Roeseler, CTCP  
Alexandria Simpson, CTCP  
Colleen Stevens, CTCP  
Greg Wolfe, CDE/CSHSO

**1. WELCOME, INTRODUCTION, AND OPENING COMMENTS**

TEROC Chair, Dr. Ong, called the meeting to order at 9:45 a.m. TEROC members and guests introduced themselves.

**2. APPROVAL OF MINUTES FROM THE JUNE 6, 2016 AND SEPTEMBER 24, 2012 TEROC MEETINGS, CORRESPONDENCE, AND ANNOUNCEMENTS**

Acceptance of June 6, 2012 minutes with amendments moved by Dr. Alan Henderson, seconded by Dr. Dorothy Rice, abstained by Mr. Quon; motion carried.

Acceptance of September 24, 2012 minutes moved by Dr. Alan Henderson, seconded by Dr. Dorothy Rice, motion carried.

**Incoming Correspondence:**

The Chair reviewed correspondence, including:

- Letter from John A. Perez, Speaker of the Assembly to Dr. Ronald Chapman, Director of CDPH regarding the reappointment of Denise Adams-Simms to TEROC

**Outgoing Correspondence:**

- Letter from TEROC to Dr. Ronald Chapman, Director of CDPH
- Certificate of Appreciation to Laine' Clark

Ms. Etem expressed concern regarding the importance of the contracts outlined in the letter to Dr. Ronald Chapman and the impact the delay may have. Ms. Stevens explained that there had been movement on the contracts and would outline the progress during California Tobacco Control Program's (CTCP) presentation in the afternoon.

**3. ENVIRONMENTAL UPDATE**

The Chair highlighted the following recent developments:

- **Anti-smoking campaign by the CDC—did it help?**

An article in the Annals of Internal Medicine reports that the aggressive anti-smoking campaign conducted earlier this year by the CDC may have had an impact.

Dr. Green inquired as to whether or not CTCP would have additional information regarding the effectiveness 1-800-QUIT-NOW. Ms. Stevens explained that she would address the quitline in more detail during the CTCP presentation and Dr. Zhu was available for questions as well.

- **Smoking will 'kill up to a billion people worldwide this century'**

John Seffrin, chief executive of the American Cancer Society, recently described the urgency of the issue of tobacco control at the World Oncology Forum, a gathering of the world's 100 leading cancer experts. The World Oncology Forum, organized by the European School of Oncology, agreed governments must do more to combat tobacco marketing, especially when directed at younger non-smokers.

- **Smoking bans drive down heart attack rates**

A new study published in the Annals of Internal Medicine has found the strongest evidence yet that smoking bans inside of bars, restaurants and workplaces have a tremendous result on health. The research, carried out by scientists at the Mayo Clinic in Rochester, Minnesota, found a 17 percent drop in sudden cardiac rates in Olmsted County, Minnesota, after public smoking bans were decreed.

- **Women smokers who quit by 30 ‘evade earlier death risks’**  
According to a recent study in the UK, women who give up smoking by the age of 30 will almost completely avoid risks of dying early from tobacco-related diseases.
- **Research supporting smoking bans in tribal casinos**  
A new study, titled: “*Small proportions of actively-smoking patrons and high PM2.5 levels in southern California tribal casinos: support for smoking bans or designated smoking areas*” revealed that only 7% of patrons in 11 Southern California casinos were observed actively smoking. These individuals were found to substantially increase secondhand smoke particle exposures (PM2.5) for all patrons in smoking and unenclosed non-smoking areas.
- **Two experts debate tobacco licenses**  
Simon Chapman, director of Action on Smoking and Health in Australia and former editor of the journal Tobacco Control argued for a radical concept that was recently published in the journal PLOS Medicine; his idea explores a license requirement for smokers.

The Chair stressed that this idea is fairly novel and an idea that California may not be ready for; but he was glad to see the discussion was happening on a global scale.

Dr. Green prompted additional discussion amongst TEROC members and guests regarding the feasibility of enforcing tobacco licenses for smokers. He asserted that although this is a radical idea, it may be something to discuss further.

Dr. Gardiner expressed his concern with the idea of tobacco licensing and questioned Dr. Green about how he believes this would affect priority populations and what his take was on the complex nature of the proposal. Dr. Green’s take was that if more strident proposals are made, less strident proposals will become more acceptable or mainstream.

- **California Conference of Local Health Officers (CCLHO)- Chronic Disease Committee Meeting**  
Dr. Brunner, the Chair of CCLHO, described the job of CCLHO as a state/local forum for the discussion of significant health issues in order to develop recommendations for appropriate health policy and to advise the California Department of Public Health (CDPH). Dr. Brunner went on to describe how the CCLHO was examining the Tobacco-like-model in regards to chronic disease. They invited Dr. Ong, TEROC; Valerie Quinn, CTCP; and Robert Curry, Local Lead Agency (LLA) to speak about their roles within California tobacco control.

Dr. Green questioned whether or not CCLHO would make a recommendation to CDPH to implement a body like TEROc to provide oversight and advice to the other chronic disease programs. Dr. Brunner indicated that this recommendation could be made, especially since the tobacco-like-model is being considered as potential framework for other chronic disease programs.

- **Marijuana's inclusion in tobacco law**

Pat Etem encouraged discussion regarding the prevalence of marijuana in the most recent national election. She wondered if marijuana was included in state tobacco laws. The Chair indicated that up until recently, marijuana has not been legal substance; therefore it has never been incorporated with tobacco law and is currently unaware of whether or not marijuana issues will fall under tobacco control programs. Pat believed that this is something TEROc should keep in mind due to the current trend of individual states legalizing marijuana.

#### **4. UNIVERSITY OF CALIFORNIA, OFFICE OF THE PRESIDENT (UCOP), RESEARCH GRANTS PROGRAM OFFICE (RGPO) AND TRDRP REPORT**

Dr. Phillip Gardiner presented the TRDRP update.

The TRDRP Cycle 22 Call for Applications was released on September 5, 2012 with Letters of Intent (LOI) due November 13, 2012. Two hundred LOIs were received by the due date and 192 of these were approved for submission of full applications. Dr. Gardiner pointed out that there had been a great increase in the number of letters of intent approved this year (192) compared to last year (169). Dr. Gardiner presented the current TRDRP research priority areas as:

1. Environmental Exposure/Toxicology
2. Early Diagnosis/Pathogenesis
3. Regulatory Science/New Products
4. Disparities/Prevention/Cessation/Nicotine Dependence
5. Industry Influence/Policy

Dr. Gardiner discussed strategies TRDRP has explored to cope with increased applications for awards with fewer resources:

- Decrease the number of study sections being held
- Minimize the number of in-person meetings.
- Hold in-person meetings at San Francisco Airport (SFO) rather than in San Francisco
- Study sections will be triaged to minimize meeting days
- Two reviewers will be assigned per application as opposed to three.

The Chair asked Dr. Gardiner if he thought these cutbacks would impact the scientific integrity of the review. In an attempt to continue the integrity of the reviews, Dr. Gardiner explained that TRDRP would only scale back reviewers

on the smaller awards and continue to utilize three reviewers on the larger awards. In addition, TRDRP will pilot-test an in-house review with Google Plus, which contains online chat ability and visual; the system is free and TRDRP is hoping to cut costs this way.

Dr. Gardiner went on to discuss research requests for the new tax initiative and/or legislative tax hike. He provided resources for tobacco control advocates including mining the California Tobacco Control Website Archive and a TRDRP funded study completed by Wendy Max investigating *The Cost of Smoking for California's 58 Counties*. The study's three primary aims were:

1. Estimate Direct Costs of Smoking-Related Illnesses.
2. Estimate Value of Lost productivity from Smoking-Related Illness.
3. Estimate Losses Resulting from Smoking-Caused Deaths.

The study basically indicated that taxation lowers consumption and breaks down costs of smoking by county. Dr. Max is presenting these findings to the Project Directors in January of 2013.

At the request of Dr. Green, TRDRP is following-up on the funding of focus groups and surveys of potential voters. Dr. Green continued the discussion by explaining that public opinion surveys were very helpful and seemed to be a missing component from the previous tax initiative. He believes public opinion surveys give a more fine grained analysis of demographic and cultural differences.

The Chair suggested that TRDRP partner with the California Health Benefit Review Program (CHBRP). CHBRP's timeline may be more along the timeline that TRDRP is seeking and they may have a lot of the information that TRDRP is looking for.

The Chair also suggested checking with the Public Policy Institute of California (PPIC) in the event that they have already administered similar surveys regarding the support of California tax initiatives. Dr. Henderson believes the PPIC would be a reliable source for this information based on their consistent methodologies in regards to polling.

Ms. Adams-Simms continued the discussion by pointing out the importance of getting accurate polling numbers from minority populations.

Ms. Etem and Dr. Green expressed concern over the disconnect between priority populations and voting for issues that concern them; they are asking themselves, "where do I fit in?" She conveyed the need for engagement and relationship building to try to make this connection.

Dr. Gardiner discussed the considerations of TRDRP and the Scientific Advisory Committee (SAC) regarding strengthening community engagement:

- Increase utilization of tobacco related research at the community-level
- Build trust in priority communities for research and involvement of researchers
- Support high quality community engagement at all levels of the research process
- Incorporate evaluation metrics that measure effect of community engaged activities and impact on communities, tobacco control field including research direction
- Disseminate broadly the results and outcomes from community engaged research and participation

Dr. Ling inquired about the Community Academic-Research Award (CARA) and School Academic Research Award (SARA). Dr. Gardiner explained that for the second year, the program had planned to offer a one-day training workshop for potential CARA and SARA applicants. Because the number of applicants submitting brief proposals by the October 26, 2012 deadline did not meet the necessary threshold, the workshop was cancelled for this year. Despite this, the program received 15 pilot and full CARA LOIs and four pilot SARA LOIs by the later LOI due date, a notable increase over the last year.

Dr. Green noted and applauded TRDRP's efforts to get the CARA and SARA coordinated with the HIV/AIDS and Breast Cancer funding; tobacco stands a better chance for finding a niche if it coordinates with other programs.

Ms. Etem suggested TRDRP look into obtaining grad students to help with some of the workload. Dr. Gardiner expressed the need for additional funds.

TRDRP is examining 83 grants (\$28,071,470 in funds) to identify the extent to which the TRDRP-supported research in this area have addressed specific disproportionately impacted populations in California and where these studies have been concentrated in terms of research phase. When completed, these analyses will help inform planning for future program activities and priorities. Dr. Gardiner presented a table providing interim data on the 83 grants.

Dr. Gardiner continued by describing "burning issues" relating to TRDRP and how they are addressing the issues:

- TRDRP is identifying and exploring critical questions facing tobacco-related disease science and tobacco control
- Identifying and convene panels of scientific experts
- Hosting a series of Live Nationwide/Global webcasts

TRDRP is continuing to plan for a live webcast that will disseminate the current state of knowledge regarding E-cigarettes. This will include a framing of the evolution and development of these products, e-cigarettes "101",

research on chemical composition and exposure, evidence on cessation and harm reduction, and future directions for research.

TRDRP is also in the early planning stages for a televised conference, bringing together leading scientists from around the country and around the world on the topic of third hand smoke. This would also serve as a forum for debating its potential to serve as a basis for tobacco control policies.

Dr. Gardiner described where we are today with Varenicline; the descriptions included:

- Rapid Federal Drug Administration (FDA) approval in 2006
- Reports of psychiatric co-morbidities and cardiovascular morbidities; dueling meta analyses; and allegations “Big Pharma” controlling research and researchers.
- FDA; Federal Aviation Administration (FAA); Federal Motor Carrier Safety Administration (FMCSA); Veterans Affairs (VA) have all issues warnings
- Thousands of lawsuits
- Still, nearly all published literature supports the efficacy of the drug, even in the aforementioned at risk populations.

TRDRP conducted a live webcast that featured a panel of experts examining the issues surrounding the debate around Varenicline. Panelists were Drs. Neal Benowitz, University of California San Francisco; Eden Evins, Harvard University; Judith Prochaska, Stanford University; and Sonal Singh, John Hopkins University.

The live webcast had 376 registrants and 293 participants. Participants were from at least nine different countries in addition to the United States including Argentina, Brazil, Canada, Chile, France, Japan, the Netherlands, and New Zealand.

TRDRP’s goals regarding Varenicline are to gain a better understanding of:

- The pharmacology of Varenicline
- The literature on adverse psychiatric and cardiovascular events associated with people taking Varenicline
- The issues and the differences between the different meta-analyses.

Fifty one (17.4 percent) of the participants completed an online evaluation survey. Of the respondents:

- 78.7 percent reported increased understanding of the pharmacology of Varenicline.
- 81.7 percent reported increased understanding of the clinical research on Varenicline and adverse psychiatric events in cigarette smokers.
- 70 percent reported an increased understanding of the clinical research on Varenicline and adverse cardiovascular events.

- 78.3 percent reported greater clarity about the differences between Drs. Singh's and Prochaska's meta-analyses.
- Overall, 89.8 percent of participants reported that they were either satisfied or very satisfied with the webinar.

After reviewing the minutes from the September 24, 2012 TEROC Meeting minutes, Dr. Green wanted to follow-up with TRDRP on the funding partnerships that had been discussed at the prior meeting, particularly regarding Pfizer. Dr. Gardiner went on to discuss the exploratory discussions that have gone on in regards to the potential Pfizer partnership. TRDRP had reviewed the option and decided the funds gained from this type of partnership would not be worth it. TRDRP was also unable to form a partnership with the FDA to gain additional funds.

### **Action Items**

TRDRP will extend an invitation to Mary Croughan to speak at the next TEROC Meeting.

The Chair thanked Dr. Gardiner for his presentation and for allowing TEROC to engage in the extended discussion.

## **5. VOLUNTARY HEALTH AGENCY UPDATE**

Jacqueline Hernandez, American Heart Association (AHA)  
Julissa Gomez, American Lung Association (ALA), Spencer Lyons, American Cancer Society (ACS)

Jacqueline Hernandez began the discussion by announcing a special legislative session slated to begin on January 7, 2013. AHA, ALA and ACS will be following the Affordable Care Act (ACA) closely to confirm that tobacco cessation services will be covered.

Ms. Hernandez also announced that there have been discussions regarding a potential tobacco tax being introduced in the Senate. The concern is numerous senators and assembly members have promised constituents that they would not allow new taxes via senate bills and/or assembly bills.

Dr. Green questioned whether or not the recount for Proposition 29 was still applicable and if there is a possibility that the results could change. Ms. Hernandez confirmed that there continues to be a recount; however there is a very slim chance that this recount will realize any changes in the outcome of Proposition 29. Ms. Hernandez conveyed the disappointment in the shortage of 12,000 to 19,000 votes that lost Proposition 29.



The Chair let the voluntaries know that TEROC would be very interested in hearing about work that has been done on the local level. Ms. Hernandez stated that Temple City has adopted policies prohibiting smoking in outdoor areas such as parks, beaches, dining patios, service lines, theme parks and some multi-unit housing. This is being studied as a potential model for other cities. The ALA had given Temple City an “F” on their report card. This got the immediate attention of the Temple City Council Members and was one of the driving factors in getting Temple City to take action and change tobacco policy locally.

Whittier and Gardena, CA are other areas in tobacco control where major local policy changes may soon be taking place.

The Chair applauded all of the great work the voluntaries have done in the Los Angeles area and wanted to know what they believe could have been, or could be done in the future, in Los Angeles County to help pass Proposition 29 or similar initiatives. The voluntaries responded by recognizing that the voting population is evolving and more research should be done to explore this evolution. In the future, the voluntaries would focus more on priority populations; specifically identifying how the voluntaries can bring them in and help identify these communities with tobacco control and connect them with Proposition 29.

Dr. Henderson asked what can be done to focus on these priority populations. Mr. Lyon answered this question by identifying that communication with the public could have been better. Ms. Gomez specified the need for translation services, allowing voters to receive the appropriate information.

Ms. Stevens asked Ms. Gomez if, during her time communicating with Latino voters, she had any recurring messages that resonated with these individuals. The voluntaries answered that they spoke, primarily, to women in the home who were largely concerned about their family’s exposure to secondhand smoke and negative advertisements.

Ms. Etem suggested reaching out to the city colleges and community college districts which brought about additional discussion regarding the parents of community college students. Many of the parents of these students do not speak English; the students have the ability to help educate the parents regarding issues such as Proposition 29.

Ms. Adams-Simms asked the voluntaries for a self-evaluation regarding the work done on Proposition 29. She wondered if voluntaries are in touch with the communities. The voluntaries answered this by explaining that they are already looking at strategies and timelines to help position themselves for potential future legislation. They suggested that they may have integrated more Latino organizations to help spread the word.

Dr. Henderson asked if the voluntaries had utilized a strategy. Ms. Gomez answered that continuous strategy, planning, and evaluation took place during the campaign process. Evaluation and strategy are presently taking place, post Proposition 29, to focus on what it takes to obtain future success.

Dr. Wolfe indicated that acute awareness of who voters are could make a difference in future elections.

Dr. Zhu pointed out that the blame for the Proposition 29 failure cannot be placed solely on the voters and the individuals reaching out to them, but should also be placed on the initiative itself. Perhaps, in the future, the initiative can be written in a cleaner and clearer manner. Dr. Rice endorsed Dr. Zhu's comments further explaining that there were inherent issues with the Proposition 29 initiative and hopes the issues will be cleared up in future initiatives. Dr. Rice indicated that there seemed to be difficulty explaining where Proposition 29 funds would be spent and this could have been a critical issue in influencing voters.

Dr. Henderson, Dr. Zhu and Ms. Adams-Simms encouraged voluntaries to assert themselves and thanked them for the hard work and dedication.

The Chair offered TEROC's support to the voluntaries in any way possible.

The Chair thanked Jacqueline Hernandez, Spencer Lyons and Julissa Gomez for the presentation.

#### **6. CONTINUED DISCUSSION OF 2012-2014 TEROC MASTER PLAN (MP)**

TEROC Members discussed the dissemination of the 2012-2014 TEROC Master Plan.

At the last TEROC Meeting, a 2012-2014 TEROC Master Plan Dissemination Subcommittee was formed. Ms. Etem debriefed TEROC regarding the subcommittee meetings. The dissemination subcommittee met three times, via teleconference, between September 24, 2013 and December 11, 2013. The committee put together outreach lists and developed letters to target individual groups. Wave two will be sent out in January 2013 in order to target the new legislators and caucus members.

Dr. Green inquired about whether the Master Plan had been mailed in hard copy, as well as email. Ms. Etem, Alexandria Simpson, and Majel Arnold explained that approximately 500 Master Plans were sent out in Wave one; 400 of the total were emailed and over 100 hard copies were mailed via U.S. Mail.

The Chair asked TEROC if there were any additional strategies regarding the dissemination of the Master Plan. During the discussion, TEROC thought it would be beneficial to target the following groups:

1. Public Policy Institute
2. TRDRP Scientific Advisory Committee (hard copies)
3. California Medical Association
4. Environmental Groups
5. Priority Populations and diverse communities
6. Proposition 29 and 89 endorers
7. Proposition 99 endorers

Dr. Green wanted a hard copy of the Master Plan to be sent to the TRDRP Scientific Advisory Committee, as well as an email. Dr. Green met with TRDRP and let them know TEROC would mail hard copies of the Master Plan.

The Chair suggested that the Master Plan might be more effective if TEROC utilized the networks that already exist, rather than sending the Master Plan to the organization as a whole.

Denise Adams-Simms suggested that CTCP provide their list of individuals representing priority populations and target the Master Plan to these leaders.

Mr. Quon offered to provide his contacts in underserved communities and to tailor TEROC's message towards individual priority populations. He also suggested that TEROC meet with legislators for meetings regarding the Master Plan. Mr. Quon suggested that he and Ms. Adams-Simms meet with legislators regarding the Master Plan.

Dr. Green questioned whether or not Dr. Chapman, Director of CDPH, is aware of the TEROC Master Plan and whether or not he received the letter written from TEROC to Dr. Chapman regarding CTCP contracts. CTCP responded that yes, Dr. Chapman did receive the letter and has not yet had an opportunity to respond.

### **Action Items**

Mr. Quon will provide his contacts in underserved communities and will create a message to send to these individuals.

The following groups will be added to the Dissemination list:

1. Public Policy Institute
2. TRDRP Scientific Advisory Committee (hard copies)
3. California Medical Association
4. Environmental Groups
5. Priority Populations and diverse communities

6. Proposition 29 and 89 endorsers
7. Proposition 99 endorsers

## **7. CALIFORNIA DEPARTMENT OF EDUCATION REPORT**

Tom Herman presented the California Department of Education (CDE) update.

On October 17, 2012, the Coordinated School Health and Safety (CSHSO) staff provided County Tobacco Use Prevention Education (TUPE) Coordinators with an overview of revisions to the 2013 Cohort I TUPE Tier 2 RFA. The 2013 TUPE RFA was revised to require TUPE grantees to implement tobacco use intervention and cessation strategies that boost the number and frequency of quit attempts by priority populations and youth most at risk to use tobacco. County Coordinators were specifically asked to remind applicants and current grantees to be alert for differences among the quit attempt rates of disparate populations.

On October 17, 2012, Carol McGruder, Co-Chair of the African American Tobacco Control Leadership Council, provided County TUPE Coordinators with a presentation about working with diverse populations and an overview of tobacco use issues within the African-American community (*Easy Prey: the Tobacco Industry's Shameful Targeting of African Americans*). Participants were clearly enthused to reframe their efforts to prevent tobacco use by African-American youth using more culturally competent content based on information provided by Ms. McGruder.

The CSHSO continues to monitor the tobacco-free certification of every Local Education Authority (LEA). The web page found at: <http://www.cde.ca.gov/ls/he/at/tobaccofreecert.asp> provides information about the CDE tobacco-free school district certification process. Only LEAs currently certified as tobacco-free are eligible to apply for TUPE funding. All LEAs had to have been certified or recertified by June 30, 2012 to be eligible to apply for Cohort I TUPE Competitive Grant funds for 2013-16. As of October 1, 2012 58 of 58 County Offices of Education (100 percent), 732 of 951 school districts (77 percent), 39 of 683 direct funded charter schools (six percent) are certified as tobacco-free. There are 25 counties in which 100 percent of the school districts are tobacco-free.

Dr. Green questioned whether or not any thought had gone into the tracking of the CDE tobacco-free school districts that had been certified. CDE has been communicating with the county coordinators to follow-up on the certifications. Dr. Herman replied that the county coordinators have been following-up on the enforcement after certification.

The Chair had some concerns about the lack of participation from charter schools and lack of coverage in certain counties and would like to hear about data regarding how many pupils are being missed. Mr. Herman provided that

half of all the LEAs are being covered with tobacco prevention education. CDE has a limited amount of resources and the Chair suggested that perhaps they should be strategic in which groups are targeted to become tobacco free. The Chair also suggested targeting the larger charters within school districts first and pointing out their low performances. Perhaps this would motivate the districts to take action by making sure the charters are tobacco free. Discussion regarding targeting low performing school districts and charters continued. CDE is working with the voluntaries to create a new model of rating.

The CSHSO submitted to the CDE's Government Affairs Office (GAO) for review a legislative proposal to require that all local educational agencies adopt and enforce a tobacco-free school policy regardless if the LEA receives Proposition 99 funding or not. The GAO will be meeting with the Superintendent of Public Instruction to determine what position the CDE will take. It is the CSHSO's recommendation that the Superintendent add to his legislative priorities amending the Health and Safety Code Section 104420(n)(2) to require all local education agencies (LEAs) to adopt and enforce a tobacco-free campus policy.

Cohort G and H TUPE Tier 1 grantees continue to enforce tobacco-free school policy and collect California Healthy Kid Survey (CHKS) data.

On September 27, 2012, the Cohort G and H TUPE Tier 1 grantees participated in an orientation webinar. The webinar's objective was to help grantees understand and commit to the purpose of the Tier 1 grants. That commitment is to create a school-wide, district-wide, and county-wide school culture that demands tobacco-free space and reporting of tobacco use prevalence for students in grades seven, nine, and eleven. The first half of the webinar helped grantees appreciate and apply the research about the need to enforce tobacco free school policy. The second half of the webinar focused on need to comply with the Tier 1 reporting and fiscal requirements. The webinar providing guidance conducted on Thursday, September 27, 2012, can be viewed at the following recording URL:

<https://www.livemeeting.com/cc/cadepteducation/view>.

The 2013 Cohort I TUPE Tier 1 Request For Application was released on September 20, 2012. Applications were due December 7, 2011. Twenty-two applications were received representing approximately 60 LEAs. Half of the twenty-two were from consortium. The Cohort I Tier 1 grant application reading is scheduled to take place in Sacramento on February 5-7, 2013.

On October 25, 2012, the Cohort G and H TUPE Tier 2 grantees participated in an orientation webinar. The webinar's objective was to help grantees commit to the purpose of the Tier 2 grant. The webinar providing guidance

conducted on Thursday, October 25, 2012, can be viewed at the following recording URL:

<https://cdeevents.webex.com/cdeevents/lsr.php?AT=pb&SP=EC&rID=5949847&rKey=5dd61019b72075e1>

The 2013 Cohort I TUPE Tier 2 RFA was released on October 30, 2012. Tier 2 grant applications are due Friday, February 20, 2013. The final date to submit the Intent is December 21, 2012. The submission of the Intent to Submit an Application is not required and additional applications are expected. The TUPE Tier 2 grant award is expected to become increasingly competitive due to an increasing number of prior grantees whose grant terms are ending.

Mr. Herman discussed the aggregated statewide results from the 2011-12 TUPE online annual reports for Cohorts E, F, and G respectively. The number of LEAs implementing evidence-based prevention programs can be found in Table 1 of the results. The Table 2 data shows the number of students participating in evidenced-based programs. The number of LEAs implementing youth development strategies can be found in Table 5. Table 6 reports the number of students participating in youth development strategies disaggregated by priority population status. The Table A Appendix at the end of the report indicates which districts are implementing specific evidence-based programs. The 2011-12 online TUPE Annual Reports for individual grantees are available for review at: <http://annualreports.duerrevaluation.com/>.

The aggregated statewide results from the 2010-11 TUPE online annual reports for Cohorts E, F and G respectively, documents the number of students participating in tobacco-use intervention (Table 7) and cessation (Table 8) strategies.

The CSHSO intends to modify the 2012-13 online annual report to also collect this same data disaggregated by priority population.

The CSHSO encourages TUPE grantees implementing youth development strategies that engage youth in media literacy or creating anti-tobacco media to specifically expose tobacco industry advertising tactics and to counter Big Tobacco's efforts to entice youth smokers.

Table 5 of the Cohort G Online Annual Report indicated that more than 19,000 students were involved in media literacy or media production to counter the influence of the tobacco industry.

Mr. Herman presented the link to the student created anti-tobacco media created for the 2011-2012 Public Service Announcement contest. The winners in the video and audio category can be seen at: <http://www.youtube.com/user/acoewellness1>. The animated PSAs can be viewed at [http://royerstudios.com/AYL/AYL\\_ListPage.htm](http://royerstudios.com/AYL/AYL_ListPage.htm).

The Chair asked Mr. Herman if this information had been shared or discussed with CTCP's media department and suggested that collaboration may be a good idea.

Dr. Green complimented CDE for their work in the area of policy. TERO is very impressed with the evolution of the program over the years.

The Chair thanked Tom Herman and Greg Wolfe for the update.

**8. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH), CALIFORNIA TOBACCO CONTROL PROGRAM (CTCP) REPORT**

Colleen Stevens presented the CTCP update.

Ms. Stevens began the CTCP report by discussing the letter TERO presented to Dr. Chapman regarding the delay of several CTCP contracts. CDPH, as a department, has endeavored to update the contracting process. As part of the update, the enabling legislation is being reviewed and the contracting process is being questioned. In the Department's attempt to do this, it has temporarily slowed the execution of contracts.

Ms. Stevens presented an update on all five of the contracts in question:

1. 09-11180, A01, American Lung Association of California (ALAC): Recruit/train youth decoys for compliance checks. STATUS: Contract went out to bid and will be awarded in December 2012.
2. 09-11437, A04, University of Southern California (USC): Statewide technical assistance for the development of educational material. STATUS: Fully executed contract.
3. 12-10047, Florida State University (FSU): Maintenance of existing contract for the Online Tobacco Information System (OTIS). STATUS: Contract has been sent to contractor for signature. There has been an impasse regarding the indemnification language in the contract; the issue may not be resolved and the contract could potentially be lost. The result of this loss will force all 61 LLAs to submit plans and progress reports by paper process; which will create massive amounts of extra work for both CTCP and the LLAs.
4. 12-10046, University of California, San Diego (UCSD): California Smoker's Cohort. STATUS: Contract is with the Department of General Services (DGS) for final execution.
5. 12-10342, UCSD Smoker's Quitline: Quitline Capacity Enhancements. STATUS: Signed by contractor. Contract is with the contractor for signature.

CTCP is planning a telephone news briefing to discuss the findings of the first “State Health Officer’s Report on Tobacco Use and Promotion” and release new anti-tobacco ads for the African American, Hispanic and Asian communities in California.

The report notes that there was an increase in the rate of illegal tobacco sales to minors, increasing from 5.6 percent to 8.7 percent. In tobacco retailers and non-traditional tobacco retail sites the rate of illegal tobacco sales was significantly greater at 20 percent. The report will also discuss the rise in the promotion of non-cigarette tobacco products and a corresponding rise in snus sales.

Dr. Green inquired as to whether Dr. Chapman is enthusiastic, committed, and proud of the TEROC Master Plan and the Tobacco Control Program. Ms. Stevens answered that she believed Dr. Chapman is proud of the California Tobacco Control Program and is on board with the TEROC Master Plan.

In December 2012, CTCP anticipates the launch of [CAsinTabaco.com](http://CAsinTabaco.com), the Spanish-language version of TobaccoFreeCA.com. CAsinTabaco.com will be a mirror image of the English version of the TobaccoFreeCA.com website and including information on quitting, the harmful effects of secondhand smoke, the tobacco industry’s efforts to target the Hispanic community, ads and videos from CTCP’s Hispanic advertising campaign and other helpful information. The new website will be promoted in Spanish-language TV, radio and print ads as well as in Hispanic public relations efforts.

The California Smokers’ Helpline celebrated 20 years of helping smokers quit in October and offered a free webinar for health professionals on Wednesday, October 24, 2012, on the *Top 10 Tips to Help Smokers Quit*. A free tip sheet for smokers was also made available during the webinar in English, Spanish, Chinese, Korean, and Vietnamese. The webinar was recorded and is available on the Helpline website.

Dr. Green questioned whether or not the Center for Disease Control’s (CDC) national campaign, which funded states in preparation for the increase in call volume, was winding down and whether or not CTCP is sustainable if this funding goes away. Ms. Stevens announced CDC’s plans for another national campaign, similar to the last campaign, to take place in 2013; in preparation for this, the CDC will hopefully continue to supplement states. The quitline is one of CTCP’s priority infrastructures and CTCP plans on continuing with the service.

Dr. Green asked which ethnic groups responded particularly well to the quitline. Dr. Zhu answered that the African American population actively responded and utilized this service more than any other ethnic group. The



quitline is also popular with the Medi-Cal eligible population and Asian immigrants.

Dr. Green wondered if there are particular populations that need to be focused on by the TEROC Master Plan. He asked if CTCP would please examine their data, look at the trend line and suggest where TEROC should focus their efforts. Ms. Stevens announced a Health Equity Summit to take place in spring of 2013. This summit will be a gathering of national, state and local experts to evaluate the data and discuss successes, failures, and future strategies for tobacco control in particular ethnic communities.

Over the past several months, CTCP has focused on redesigning the CDPH/CTCP website to improve usability and functionality. A refresh to the website was launched on November 2, 2012.

CTCP released a Capacity Building Network (CBN) Request for Information (RFI), on November 19, 2012 and conducted an Informational Meeting on November 30, 2012. The purpose of the RFI was as follows:

- Notify the public (including current and previously funded tobacco control agencies) of the intent to release a CBN Request For Proposal (RFP);
- Survey interest from the field in a CBN RFP and its potential training and technical assistance services;
- Identify eligible single-source agencies/applicants;
- Provide a description of anticipated program services, including objective and work statement and/or
- Solicit input pertaining to the best practices regarding a work statement and method of services intended for use by CTCP funded projects working to address tobacco-related disparities amongst California's diverse populations.

A Request for Proposal (RFP) will be released which incorporates information received through the RFI.

In late October 2012, focus groups were held with both smokers and nonsmokers in San Francisco to get the pulse of the lesbian gay and bisexual (LGB) community on tobacco for future community engagement, public relations and digital advertising efforts. Efforts are being planned to outreach to the LGB community in 2013.

On September 27, 2012, CTCP staff and the Acting Deputy Director for the Center for Chronic Disease Prevention and Health Promotion (CCDHP), met with representatives from the African American Tobacco Control Leadership Council (AATCLC) to discuss ways to strengthen communication and tobacco-control related issues impacting African-Americans in California. CTCP followed-up after the meeting and expressed a desire to work with the AATCLC to coordinate another meeting comprised of a broader group of

priority population group representatives. The second meeting took place on November 29, 2012 at the Sierra Health Foundation in Sacramento, California. CTCP is working hard to open communication with priority populations and give them a larger voice and create more mechanisms for them to be included in the process. Ms. Stevens felt that the meeting was very positive and will allow for a greater communication. Ms. Adams-Simms commended CTCP for their efforts and felt that the meeting was a step in the right direction and felt that the door had been re-opened in communication.

In January 2013, CTCP will engage tobacco control stakeholders and review the method for distributing Proposition 99 Health Education Account funding for statewide and community interventions and assess whether other alternatives could more effectively maximize the public health impact of Proposition 99 funds as revenues decline. Members of California Conference of Local Health Officers (CCLHO), County Health Executive Association of California (CHEAC), Project Directors and Statewide competitive grants will gather to discuss the most efficient way to utilize the declining funds.

Discussion continued regarding declining funds and how TEROC may be able to help support future policy supporting a funding increase. The Chair suggested the utilization of subcommittees to discuss this in the future.

The Chair thanked Colleen Stevens for her presentation.

## **9. DISCUSSION REGARDING THE TEROC BYLAWS**

The Chair prompted discussion regarding the formalization of the TEROC Bylaws. Currently TEROC's drafted bylaws are modeled from *Robert's Rules of Order*. Clarification was needed in the following areas:

- Formally defining a quorum
- Appointment of a Vice Chair
- Appointment of an Interim Chair, in the case where the Chair and Vice Chair are not available to attend a TEROC Meeting
- Frequency of Chair and Vice Chair elections

A motion was made by Dr. Green to define a quorum within the drafted TEROC bylaws. Dr. Green specified that a quorum should be defined as the presence of at least fifty-one percent of committee members, excluding vacancies and including committee members participating from a public location via telecommunication. Dr. Pamela Ling seconded the motion. Motion carried.

TEROC Members discussed options regarding the nomination process including nominations for TEROC Chair and Vice Chair being made at the first meeting following the release of each TEROC Master Plan. The discussion was tabled.

A motion was made by Dr. Henderson that the Chair should appoint a Vice Chair. Denise Adams-Simms seconded the motion. Motion carried.

The Chair appointed Dr. Henderson as Vice Chair of TEROC.

A motion was made by Dr. Henderson to amend the drafted bylaws to reflect that in the case that the Chair and the Vice-Chair are not available, an interim Chair will be appointed by the sitting members. Motion was seconded by Dr. Green. Motion Carried.

The Chair encouraged discussion to establish guidelines regarding TEROC Members speaking at alternate venues and/ or providing opinions on subjects such as legislation. A subcommittee was established to research and develop these guidelines.

The subcommittee is made up of:

- The Chair
- Dr. Alan Henderson
- Denise Adams-Simms

The Chair is asked, approximately four times per year-if not more, to speak at alternate venues regarding TEROC, such as the CCLHO Meeting. TEROC Members agreed that this is a responsibility that should be shared amongst other members as well. Dr. Brunner thought it was an excellent idea and expressed a desire to expand TEROCs role by communicating with key groups through presentations about tobacco control.

### **Action Items**

Bylaws shall be updated to define a quorum and to reflect that the sitting members shall choose an interim chair in the instance that the Chair and Vice Chair are not available to attend a TEROC Meeting.

A TEROC Subcommittee will meet to establish guidelines regarding representing TEROC in discussions where opinions are provided on behalf of TEROC.

### **10. PUBLIC COMMENT**

No Public Comment.

A motion was made by Ms. Adams-Simms to adjourn the meeting. The Chair seconded. Motion carried.

The meeting was adjourned at 4:17 PM.

A TEROC meeting will be scheduled for January 30, 2013 in Sacramento, CA.